				7-		
UTILITY	A	ttorney Docket No.	2158	21581/0284		
PATENT APPLICAT	The state of the s	rst Named Inventor or	Application Identifier	fer Tsutomu Yuasa et al.		
G.		itle	Polycarboxylic A Method and Use	oxylic Acid Copolymer, Production nd Use Thereof		
P new nonprovisional applications under 37 C i	FR 1 53(b)) E	xpress Mail Label I	No			
APPLICATION I	ELEMENTS	ADDRE	SS TO: Box Appl	sioner for Patents ications ton, D.C. 20231		
Filing fee as calculated below.     Applicant claims small entity stated See 37 CFR 1.27.     Specification     (preferred arrangement set forth and a constant of the invention of the inve	7.  Microfiche Computer Program (Appendix)  8.  Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.  Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i.  CD-ROM or CD-R (2 copies); or  ii.  paper  c.  Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9.  Assignment papers (cover sheet & document(s))					
- Claim(s) - Abstract of the Disclosure  4.	on (37 CFR 1.63(d)) with Box 16 completed) /ENTOR(S) attached deleting inventor(s) application, see 37 CFR 1.63(d)(2)	10. 37 CFR:  (when it  11. English 1  12. Informati  Statemer  13. Prelimina  14. Return F  (Should  15. Certified  (if foreign	3.73(b) Statement there is an assignee) Franslation Document on Disclosure of (IDS)/PTO-1449	☐ Power of Attorney  if (if applicable) ☐ Copies of IDS Citations  EP 503)		
17 fa CONTINUING APPLICATION, characteristic factorists and offices. See Signature of the continuation of	neck appropriate box and supply the R § 1.76::    Continuation-in-part	(CIP) of prior applica	on, from which a cop	y of the oath or declaration is		
☑ Customer Number or Bar Code Label	17. CORRESPON	DENCE ADDRESS  o. or Attach bar code	3) × 1	dence address below		
NAME		Connolly Boye La	ndge & Hutz I I P			

STATE

TELEPHONE

Washington

U.S.A

ADDRESS

CITY COUNTRY Suite 800

1990 M Street, N.W.

ZIP CODE

FAX

20036-3425

(202) 293-6229

DC

(202) 331-7111

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		_		Fee Calculation	n and Trar	nsmittal			
	(Col 1)		(Col 2) (Col 3)		SMALL ENTITY			NON-SMALL ENTITY	
	NO. FILED			NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	20	minus	20	=_	x9=	\$		x18=	\$
INDEP		minus	3	=_	x42=	\$		x84=	\$
_ First Presentation, Multiple Dependent Claims +140=				+140=	\$		+280=	\$	
Base Filing Fee				\$370			\$740		
Other Fee (specify purpose)				\$			\$		
TOTAL FILING FEE* (accounting for possible small entity status)					\$	OR	TOTAL	\$740	

A check in the amount of \$ to cover the filing fee is enclosed  No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.  The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this					
sheet is enclosed.					
X	Charge the amount of \$740 as filing fee				
$\times$	Credit any overpayment.				
X	Charge any additional filing fees required under 37 CFR § 1.16				
X	Charge any additional filing fees required under 37 CFR § 1.17				
X	If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.				

Name (Print/Type)		Burton A. Amernick	Registration No. (Ai	torney/Agent)	24,852
Signature	But	Min		Date	December 26, 2001